

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-020403**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. **146** Primary Registration District No. **3026** Registrar's No. **223**

**FILED MAY 17 1963**

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		c. CITY OR TOWN <b>Independence</b>	
Length of stay in 1b <b>32 Years</b>		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>624 South Crysler</b>		d. STREET ADDRESS (If outside, give location) <b>624 South Crysler</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>BEN BASSETT</b>		4. DATE OF DEATH Month <b>May</b> Day <b>12</b> Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-25-1896</b>
9. AGE (last birthday) <b>68</b>		10. IF UNDER 1 YEAR Months <b>68</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Postman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Postman</b>	
11. BIRTHPLACE (City and state or country) <b>Indian Tulsa Okla</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Ben Bassett</b>		13b. MOTHER'S MAIDEN NAME <b>Findley</b>	
14. NAME OF HUSBAND OR WIFE <b>Glodie Bassett</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <b>Yes W.W.I.</b>	
16. SOCIAL SECURITY NO. <b>[REDACTED]</b>		17. INFORMANT <b>Glodie Bassett 624 South Crysler</b>	

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute pulmonary embolus</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Phlebitis left leg</b> DUE TO (b) <b>Fracture left leg with swelling</b> DUE TO (c) <b>10 days</b> <b>4/4/63</b> <b>4/13/63</b>		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b> <b>4/4/63</b> <b>4/13/63</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>6:00</b> a.m. <b>12</b> p.m. <b>0</b>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Independence, Mo</b>
21. I attended the deceased from <b>3/29/63</b> to <b>5/12/63</b> and last saw him alive on <b>5/10/63</b> Death occurred at <b>6:00 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <b>Vance E. Link, M.D.</b>	
22b. ADDRESS <b>10901 Union Rd Independence, Mo</b>		22c. DATE SIGNED <b>5/13/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5-14-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	23d. LOCATION (City, town, or county) <b>Independence Missouri</b>
24. FUNERAL DIRECTOR <b>Roland R Speaks Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>5-14-63</b>	26. REGISTRAR'S SIGNATURE <b>Alba L. Craig</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

1 **7005**

2 **7005**

3

4 **0**

5 **1**

6

7 **1**

8 **2**

9 **9040**

10 **21**

11 **120**

12 **90-0**

13 **1-0**

MAY 22 1963

MAY 27 1963

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ben D. Lendary

Licensed Embalmer No. 5198

P. O. Address Indep. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

5-14-63